

# Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance  
Board Members

September 2018

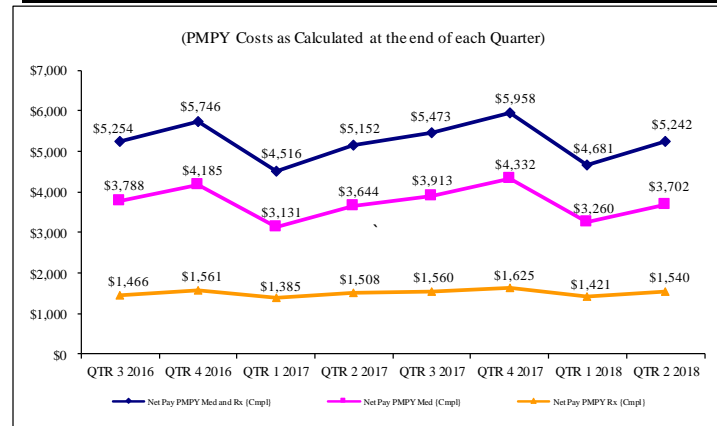
# DASHBOARD REPORT: BASED ON INCURRED CLAIMS THROUGH APR 2018

Includes Projections for Incurred, but Not Yet Reported (IBNR)

## Enrollment

Fact	May 2017 - Apr 2018	May 2016 - Apr 2017	% Change
Employees Avg Med	145,195	146,069	-0.60%
Members Avg Med	264,021	262,085	0.74%
Family Size Avg	1.8	1.8	1.34%
Member Age Avg	36.8	36.9	-0.35%

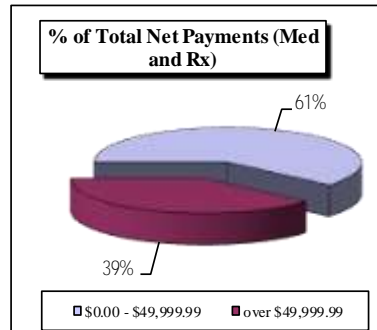
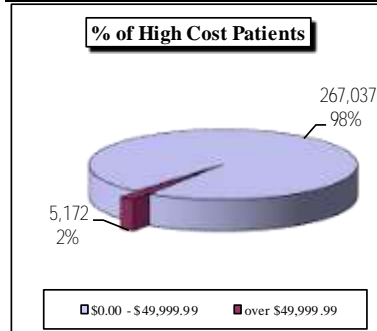
## Net Incurred Claims Cost per Member



## Allowed Claims Costs PMPY with Norms

	May 2016 - Apr 2017	May 2017 - Apr 2018	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,485.21	\$4,659.27	4%	\$4,913.02	-5.45%
Allow Amt PMPY IP Acute {Cmpl}	\$1,282.65	\$1,347.61	5%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,189.87	\$3,299.55	3%	\$3,462.77	-4.95%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,766.23	\$1,820.59	3%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$916.45	\$968.03	6%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$210.36	\$219.23	4%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$442.63	\$457.47	3%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$752.56	\$807.09	7%	\$727.07	9.91%
Allow Amt PMPY Rx {Cmpl}	\$1,648.49	\$1,746.00	6%	\$1,362.30	21.98%
Out of Pocket PMPY Rx {Cmpl}	\$196.68	\$201.41	2%	\$0.00	N/A

## High Cost Claimants May 17—Apr 18



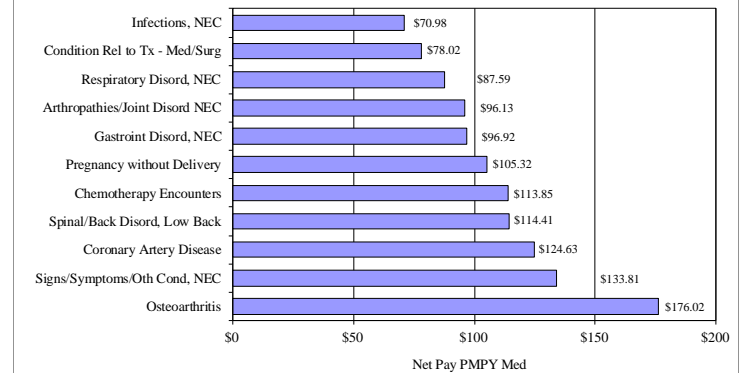
## Cost Drivers Support

Fact	May 2016 - Apr 2017	May 2017 - Apr 2018	% Change
Allow Amt Per Day Adm Acute	\$4,496.94	\$4,822.36	7.24%
Days Per 1000 Adm Acute	282.08	273.43	-3.07%
Allow Amt Per Visit OP Fac Med	\$1,488.82	\$1,465.25	-1.58%
Visits Per 1000 OP Fac Med	1,186.33	1,230.54	3.73%
Allow Amt Per Visit Office Med	\$117.50	\$121.36	3.28%
Visits Per 1000 Office Med	7,798.85	7,916.03	1.50%
Allow Amt Per Day Supply Rx	\$2.93	\$3.02	3.10%
Days Supply PMPY Rx	562.30	577.30	2.67%

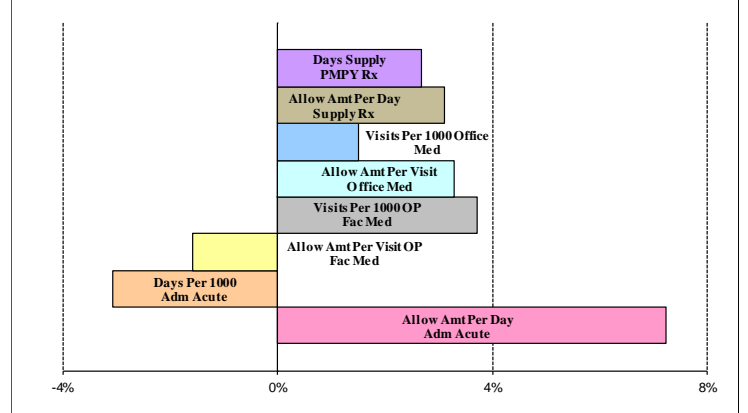
## Prescription Drug Programs

	Fact	May 2016 - Apr 2017	May 2017 - Apr 2018	% Change
Mail Order	Discount Off AWP % Rx	51.42%	54.11%	5.23%
	Scripts Generic Efficiency Rx	96.33%	96.89%	0.58%
Retail	Discount Off AWP % Rx	51.74%	51.41%	-0.64%
	Scripts Generic Efficiency Rx	97.38%	97.16%	-0.22%
Total	Discount Off AWP % Rx	51.64%	52.30%	1.27%
	Scripts Generic Efficiency Rx	97.25%	97.12%	-0.13%
	Scripts Maint Rx % Mail Order	15.52%	17.86%	15.02%

## Top 10 Clinical Conditions



## Cost Drivers—Utilization and Price Trends



# Table of Contents

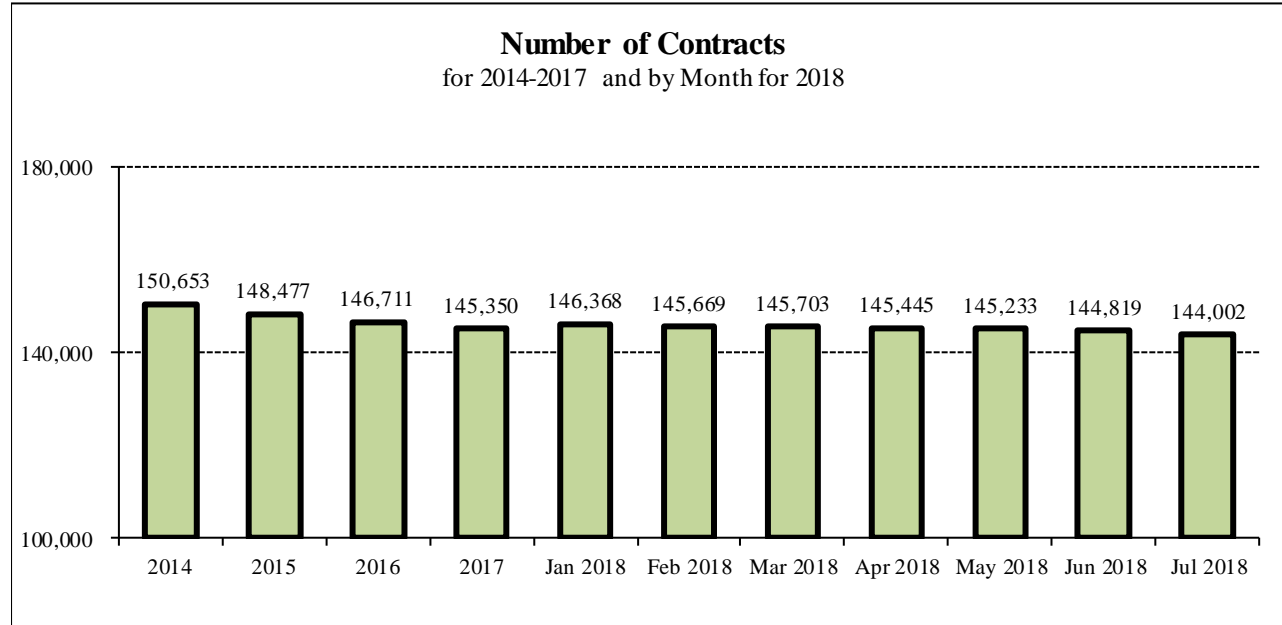
Enrollment .....	4-6
Claims Costs .....	7-13
Medical Claims Utilization .....	14
Analysis of Deductibles.....	15-16
Analysis of Individuals and Families Meeting their Out of Pocket Expenses .....	17-20
Premium (or Premium Equivalent).....	21
Rx Utilization.....	22-25
Utilization .....	26-27
Claims Lag Analysis .....	28-29
Claims Distribution based on Age/Gender.....	30
Allowed Amount Distribution.....	31
Summary of Enrollment and Claims .....	32
Introduction ... ..	33
Appendix A.....	33
Appendix B—Definitions.....	34

*Paid data as of: July 2018*

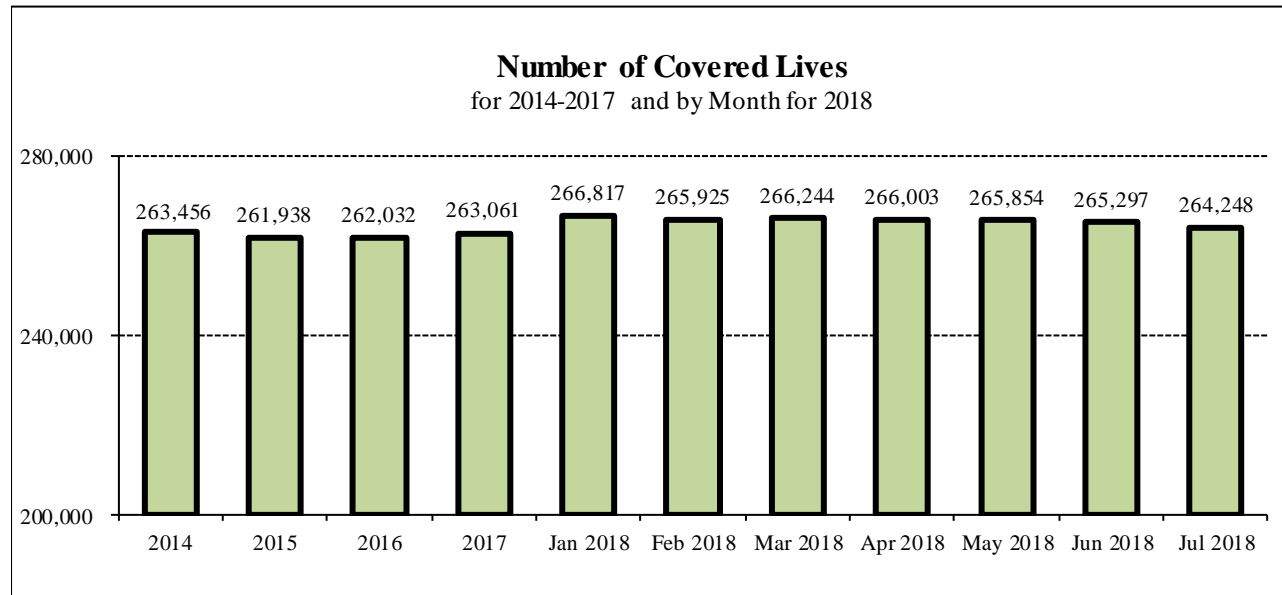
*Incurred data as of: April 2018*

## Enrollment

The following chart shows planholder enrollment (contracts) for 2014-2017 and monthly year-to-date for 2018. Enrollment will fluctuate on a monthly basis. (Approximately 7,300 Cross-Reference spouses in any given month are not included.)

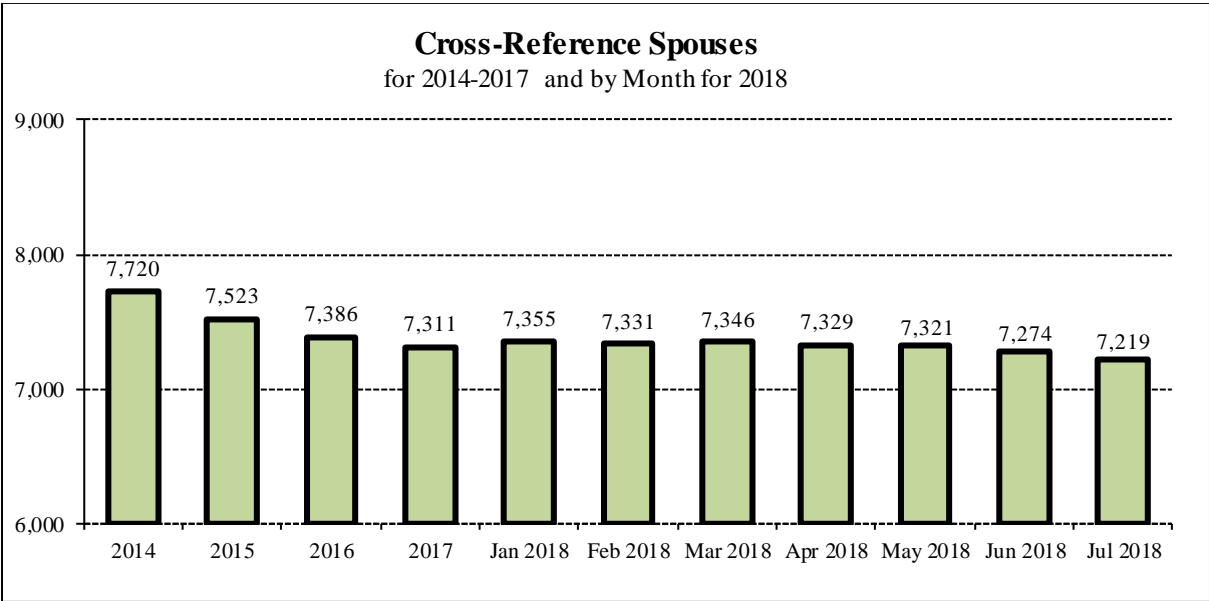


The following chart shows member enrollment (covered lives) for 2014-2017 and monthly year-to-date for 2018. Enrollment will fluctuate on a monthly basis.



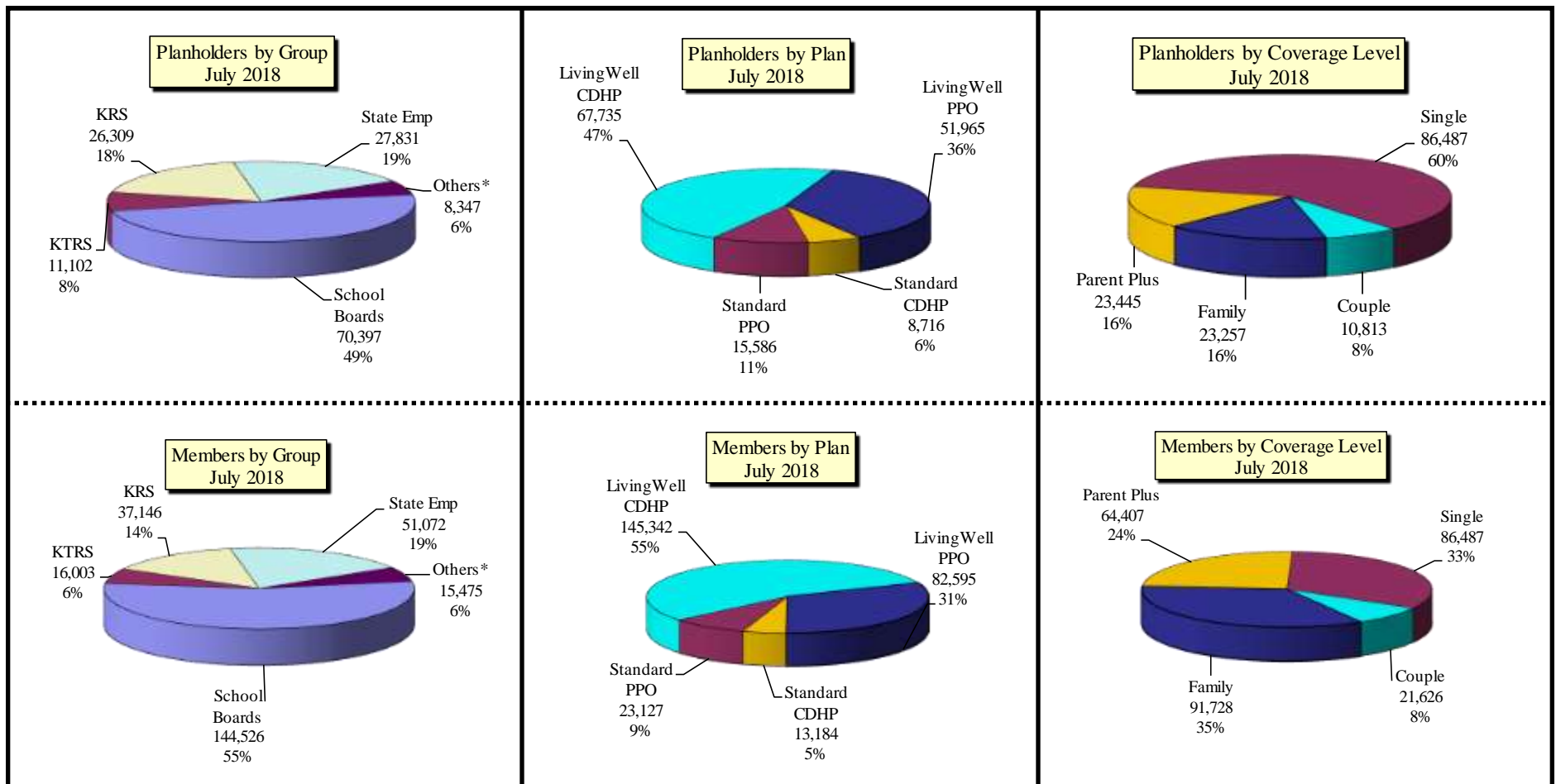
**Enrollment** *(continued)*

The following graph shows the number of Cross-Reference Spouses for 2014-2017 and monthly year-to-date for 2018. The number of Cross-Reference Spouses will fluctuate on a monthly basis.



## **Enrollment** *(continued)*

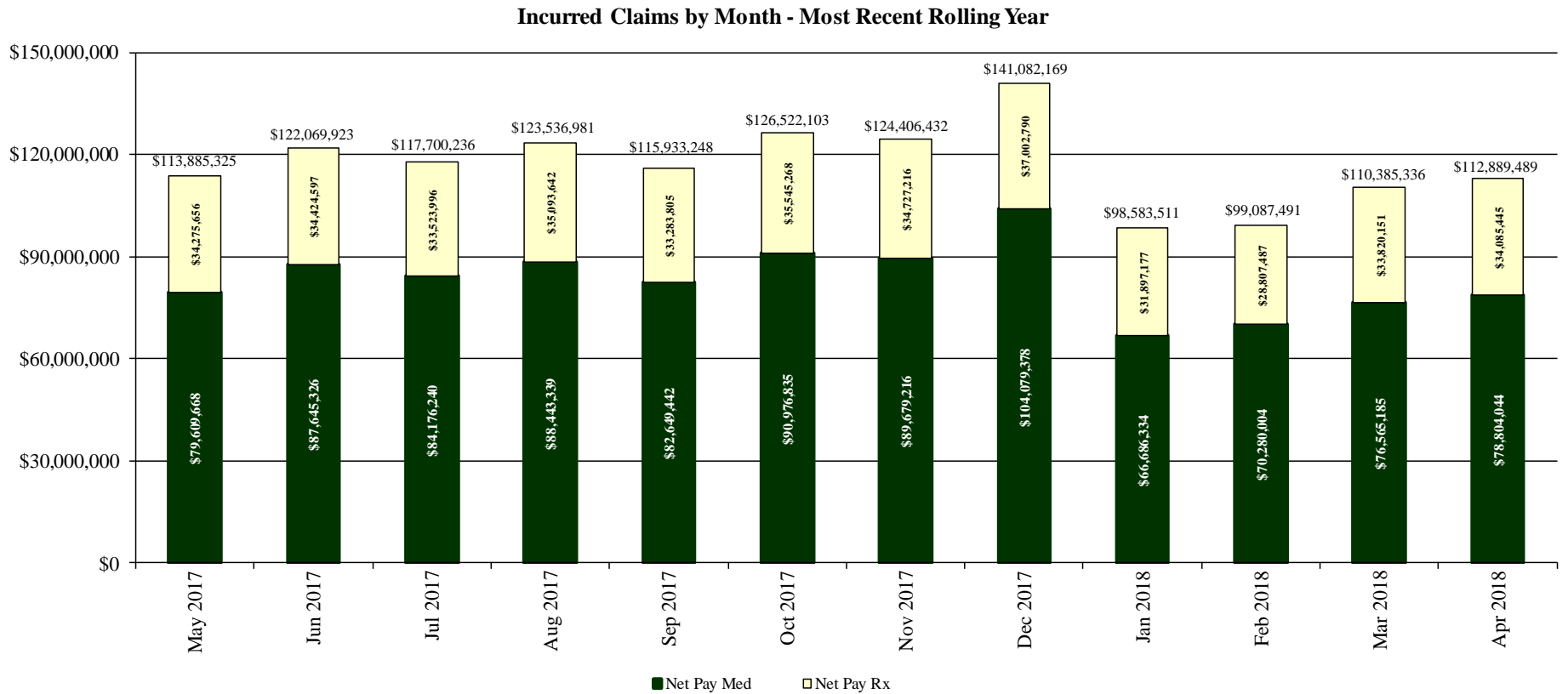
The following charts show Planholder and Member enrollment by Group, Health Plan, and Coverage Level.



\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

## Claims Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.



### **Claims Costs** *(continued)*

The following table represents Incurred Medical Claims by Group for 2014-2017 and monthly year-to-date for 2018.

<b>INCURRED MEDICAL CLAIMS BY GROUP</b>						
<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others</b>	<b>Totals</b>
2014	\$465,112,511	\$121,029,097	\$216,483,334	\$202,992,249	\$80,366,825	\$1,085,984,016
2015	\$406,274,265	\$100,740,841	\$189,171,718	\$159,515,036	\$62,699,633	\$918,401,495
2016	\$434,630,384	\$101,180,522	\$194,697,103	\$171,690,486	\$61,079,392	\$963,277,887
2017	\$453,347,269	\$95,329,579	\$197,751,292	\$176,753,221	\$62,738,445	\$985,919,806
Jan 2018	\$30,016,336	\$6,865,803	\$15,068,902	\$10,556,274	\$4,179,018	\$66,686,334
Feb 2018	\$30,980,032	\$7,204,911	\$14,472,626	\$11,949,935	\$5,672,500	\$70,280,004
Mar 2018	\$35,487,338	\$7,065,323	\$15,784,563	\$12,917,390	\$5,310,570	\$76,565,185
Apr 2018	\$36,970,928	\$7,510,167	\$15,682,307	\$13,950,636	\$4,690,007	\$78,804,044

\* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).



### **Claims Costs** *(continued)*

The following table represents Incurred Pharmacy Claims by Group for 2014-2017 and monthly year-to-date for 2018.

<b>INCURRED RX CLAIMS BY GROUP</b>						
<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others*</b>	<b>Totals</b>
2014	\$131,098,426	\$43,053,078	\$73,830,755	\$55,751,835	\$20,884,223	\$324,618,317
2015	\$128,985,096	\$42,244,335	\$74,179,491	\$56,345,078	\$21,644,747	\$323,398,746
2016	\$150,172,022	\$44,005,144	\$82,314,830	\$62,087,563	\$23,920,895	\$362,500,454
2017	\$169,397,466	\$46,568,641	\$89,276,572	\$68,678,394	\$25,690,921	\$399,611,995
Jan 2018	\$13,587,622	\$3,543,771	\$7,484,498	\$5,148,507	\$2,132,779	\$31,897,177
Feb 2018	\$12,379,381	\$3,145,385	\$6,628,471	\$4,914,156	\$1,740,094	\$28,807,487
Mar 2018	\$14,726,718	\$3,596,194	\$7,575,555	\$5,831,343	\$2,090,342	\$33,820,151
Apr 2018	\$14,904,660	\$3,566,795	\$7,861,532	\$5,677,737	\$2,074,721	\$34,085,445

*\* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*

**Claims Costs** *(continued)*

The following table represents Incurred Medical Claims by Health Plan for 2014-2017 and monthly year-to-date for 2018.

INCURRED MEDICAL CLAIMS BY PLAN							
Time Period	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Other*	Missing**	Total
2014	\$57,385,008	\$46,095,825	\$598,724,084	\$375,470,631	\$92,820	\$8,215,648	\$1,085,986,030
2015	\$44,667,793	\$42,933,513	\$448,976,661	\$376,288,350	\$0	\$8,215,648	\$921,081,965
2016	\$53,459,127	\$48,471,196	\$446,714,630	\$407,960,574	\$0	\$6,672,360	\$963,277,887
2017	\$66,429,481	\$30,666,954	\$411,743,180	\$470,097,874	\$0	\$6,982,317	\$985,919,806
Jan 2018	\$6,249,793	\$1,562,057	\$27,796,544	\$30,724,055	\$0	\$353,885	\$66,686,334
Feb 2018	\$5,590,451	\$1,458,776	\$30,236,488	\$32,427,726	\$0	\$566,563	\$70,280,004
Mar 2018	\$6,913,770	\$2,113,645	\$29,427,331	\$37,724,000	\$0	\$386,439	\$76,565,185
Apr 2018	\$6,627,919	\$1,649,054	\$30,313,450	\$39,763,661	\$0	\$449,960	\$78,804,044

\* Other means claim from old plan reported as incurred in following year..

\*\*Missing means the claims could not be tagged to a specific Health Plan.

**Claims Costs** *(continued)*

The following table represents Incurred Pharmacy Claims by Health Plan for 2014-2017 and monthly year-to-date for 2018.

INCURRED RX CLAIMS BY PLAN							
Time Period	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Other*	Missing**	Total
2014	\$17,730,754	\$5,829,739	\$217,764,345	\$82,940,511	\$39,794	\$313,173	\$324,618,317
2015	\$16,014,926	\$6,904,578	\$201,586,203	\$98,816,804	\$0	\$76,235	\$323,398,746
2016	\$19,012,348	\$7,475,463	\$216,150,032	\$119,652,490	\$0	\$210,122	\$362,500,454
2017	\$22,794,383	\$4,758,411	\$217,189,447	\$154,770,659	\$0	\$99,095	\$399,611,995
Jan 2018	\$2,941,704	\$315,118	\$17,989,059	\$10,643,328	\$0	\$7,968	\$31,897,177
Feb 2018	\$2,459,696	\$260,260	\$15,768,012	\$10,300,204	\$0	\$19,315	\$28,807,487
Mar 2018	\$2,599,728	\$414,819	\$18,146,164	\$12,651,573	\$0	\$7,867	\$33,820,151
Apr 2018	\$2,602,468	\$396,399	\$17,563,936	\$13,520,855	\$0	\$1,786	\$34,085,445

\* Other means claim from old plan reported as incurred in following year..

\*\*Missing means the claims could not be tagged to a specific Health Plan.

### **Claims Costs** *(continued)*

The following represents Incurred Medical Claims by Coverage Level for 2014-2017 and monthly year-to-date for 2018.

<b>INCURRED MEDICAL CLAIMS BY COVERAGE LEVEL</b>						
<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2014	\$131,271,014	\$239,094,807	\$182,552,523	\$524,850,024	\$8,215,648	\$1,085,984,016
2015	\$113,343,648	\$214,227,846	\$156,724,117	\$428,570,705	\$5,535,178	\$918,401,495
2016	\$115,845,568	\$233,243,313	\$157,554,471	\$449,962,175	\$6,672,360	\$963,277,887
2017	\$125,127,743	\$251,882,069	\$158,661,960	\$443,265,717	\$6,982,317	\$985,919,806
Jan 2018	\$9,216,161	\$16,351,880	\$10,642,248	\$30,122,159	\$353,885	\$66,686,334
Feb 2018	\$8,933,845	\$17,384,113	\$11,995,684	\$31,399,799	\$566,563	\$70,280,004
Mar 2018	\$9,253,958	\$20,464,260	\$12,596,947	\$33,863,580	\$386,439	\$76,565,185
Apr 2018	\$10,651,724	\$21,293,042	\$12,266,139	\$34,143,180	\$449,960	\$78,804,044

*\*Unable to tag claims to a specific coverage level*

### **Claims Costs** *(continued)*

The following represents Incurred Pharmacy Claims by Coverage Level for 2014-2017 and monthly year-to-date for 2018.

<b>INCURRED RX CLAIMS BY COVERAGE LEVEL</b>						
<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2014	\$45,477,497	\$67,741,378	\$45,635,023	\$165,451,246	\$313,173	\$324,618,317
2015	\$42,957,491	\$68,806,053	\$45,211,695	\$166,347,272	\$76,235	\$323,398,746
2016	\$48,057,825	\$80,360,909	\$49,733,054	\$184,138,544	\$210,122	\$362,500,454
2017	\$52,793,578	\$92,082,477	\$55,318,094	\$199,318,751	\$99,095	\$399,611,995
Jan 2018	\$3,800,401	\$7,601,286	\$4,423,133	\$16,064,389	\$7,968	\$31,897,177
Feb 2018	\$3,747,411	\$6,649,333	\$4,193,859	\$14,197,569	\$19,315	\$28,807,487
Mar 2018	\$4,328,283	\$7,887,200	\$4,464,063	\$17,132,739	\$7,867	\$33,820,151
Apr 2018	\$4,199,614	\$8,039,326	\$4,789,064	\$17,055,654	\$1,786	\$34,085,445

*\*Unable to tag claims to a specific coverage level*

## Medical Claims Utilization

The following is based on Incurred Medical Claims\* from Jan-Apr 2018.

Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days LOS per Admit Acute	Days LOS per Admit Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days Per 1000 Admits Acute	Days Per 1000 Admits Acute Rcnt SGovt	% Diff from Rcnt SGovt
LivingWell CDHP	54.54	56.64	-3.70%	3.93	4.13	-4.78%	214.45	251.29	-14.66%
LivingWell PPO	62.61	59.14	5.87%	4.62	4.78	-3.39%	289.12	275.22	5.05%
Standard CDHP	33.05	55.59	-40.54%	4.52	5.40	-16.38%	149.31	243.11	-38.58%
Standard PPO	54.55	59.13	-7.73%	5.10	5.01	1.89%	278.22	269.24	3.34%
Average	56.02	57.60	-2.74%	4.29	4.47	-4.00%	240.54	260.07	-7.51%

Plan	Visits Per 1000 Office	Visits Per 1000 Office Rcnt US	% Diff from Rcnt US	Visits Per 1000 ER	Visits Per 1000 ER Rcnt US	% Diff from Rcnt US
LivingWell CDHP	7,699.99	6,645.56	13.69%	171.93	230.64	-34.15%
LivingWell PPO	9,264.92	7,413.90	19.98%	194.95	232.59	-19.30%
Standard CDHP	4,419.90	6,566.82	-48.57%	149.54	232.36	-55.38%
Standard PPO	5,931.38	6,985.35	-17.77%	223.42	232.48	-4.06%
Average	7,869.97	6,914.98	12.13%	182.75	231.51	-26.68%

Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	% Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	8,407.07	7,833.51	7.32%	2,076.26	2,033.51	2.10%
LivingWell PPO	10,852.21	9,100.12	19.25%	2,800.31	2,571.83	8.88%
Standard CDHP	5,442.53	8,099.13	-32.80%	1,351.80	2,077.48	-34.93%
Standard PPO	8,042.57	8,751.69	-8.10%	2,000.35	2,293.81	-12.79%
Average	8,997.47	8,329.82	8.02%	2,261.58	2,229.20	1.45%

### Notes:

Rcnt SGovt—Recent State Government

Rcnt US—Recent US

LOS—Length of Stay

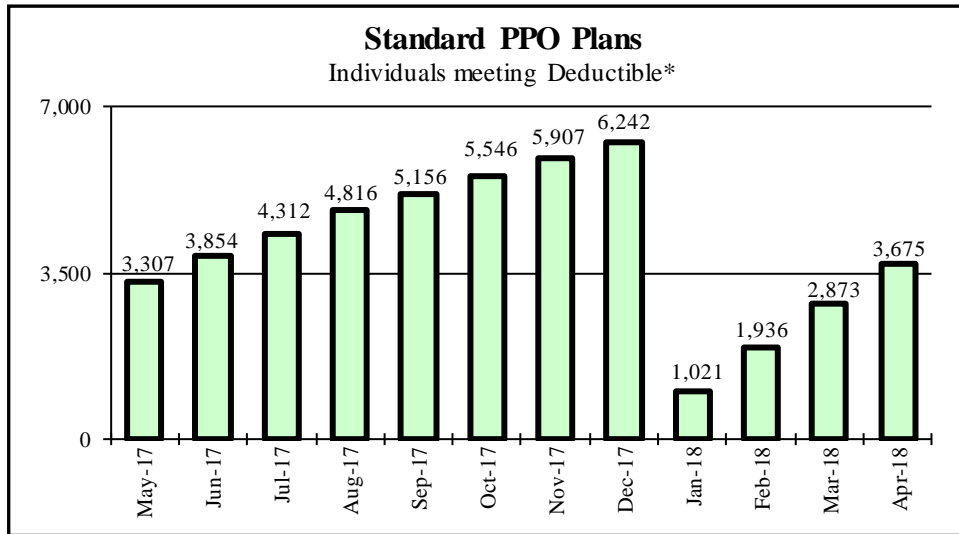
OP—Outpatient

OP Rad—Outpatient Radiology

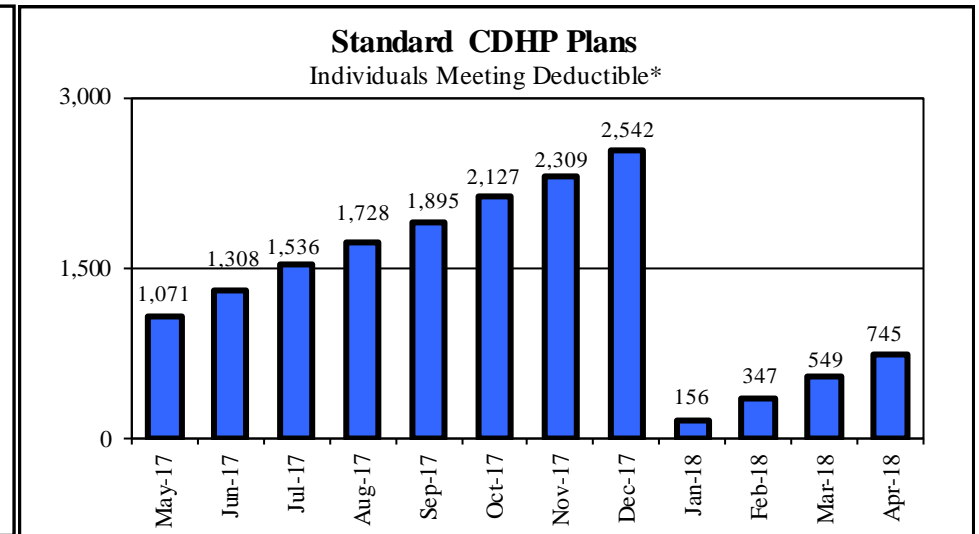
\*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

## Analysis of Individuals and Families Meeting Their Deductibles

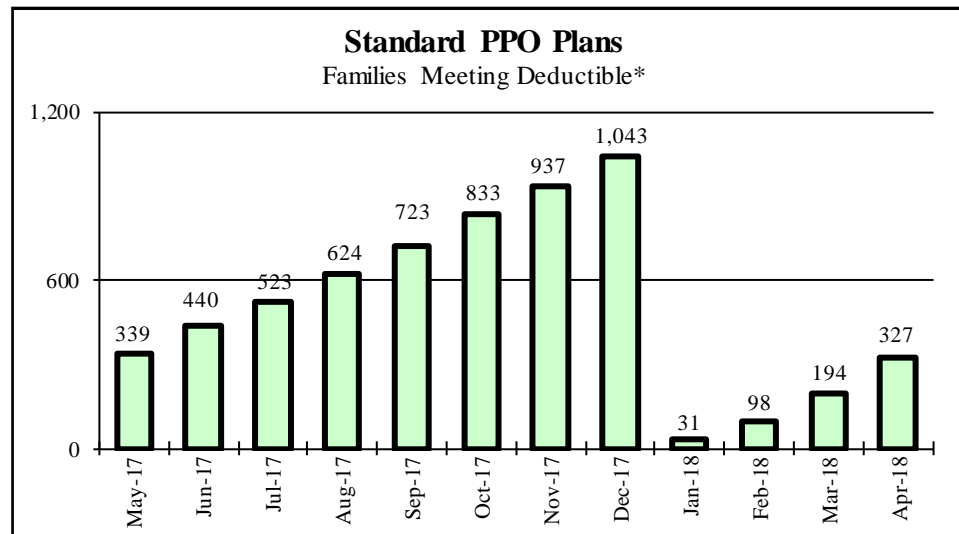
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



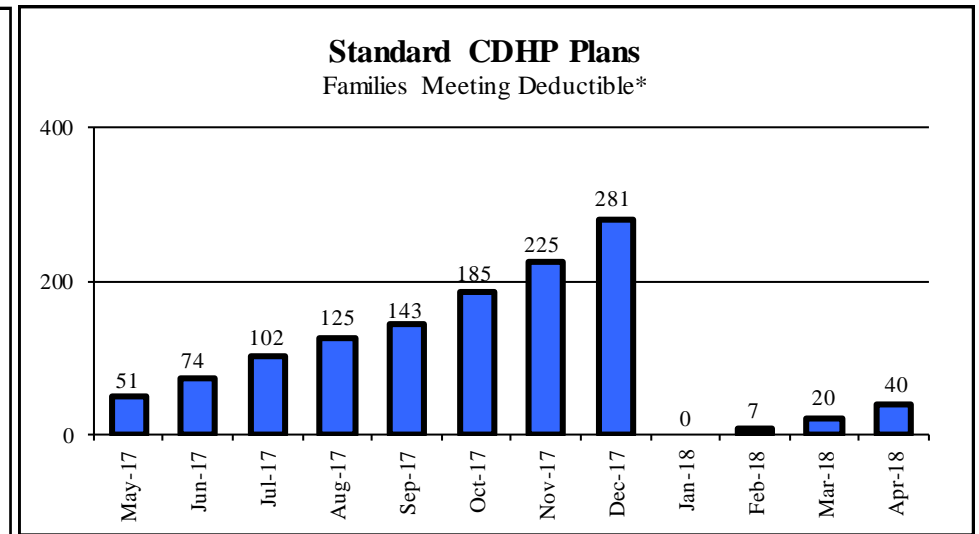
\* 2017 and 2018 Individual Deductible is \$750



\* 2017 and 2018 Individual Deductible is \$1,750



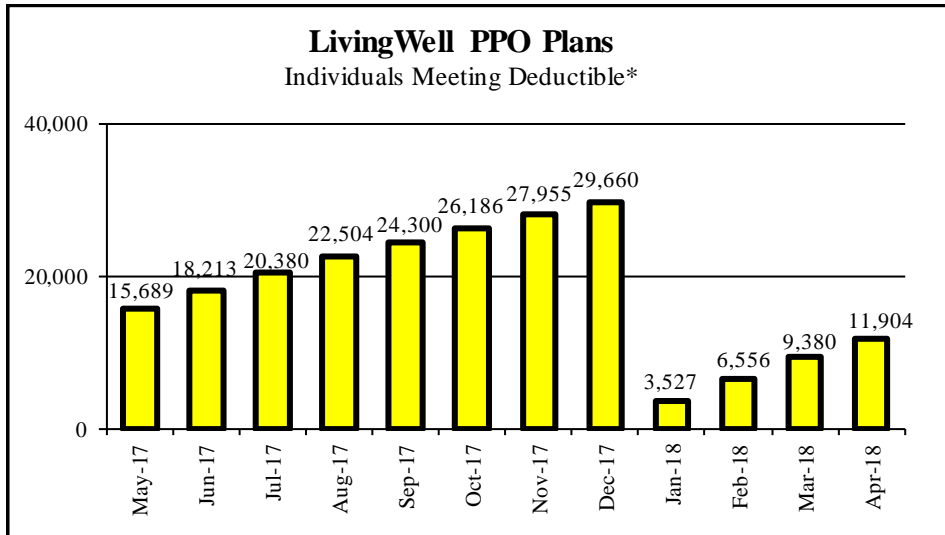
\* 2017 and 2018 Family Deductible is \$1,500



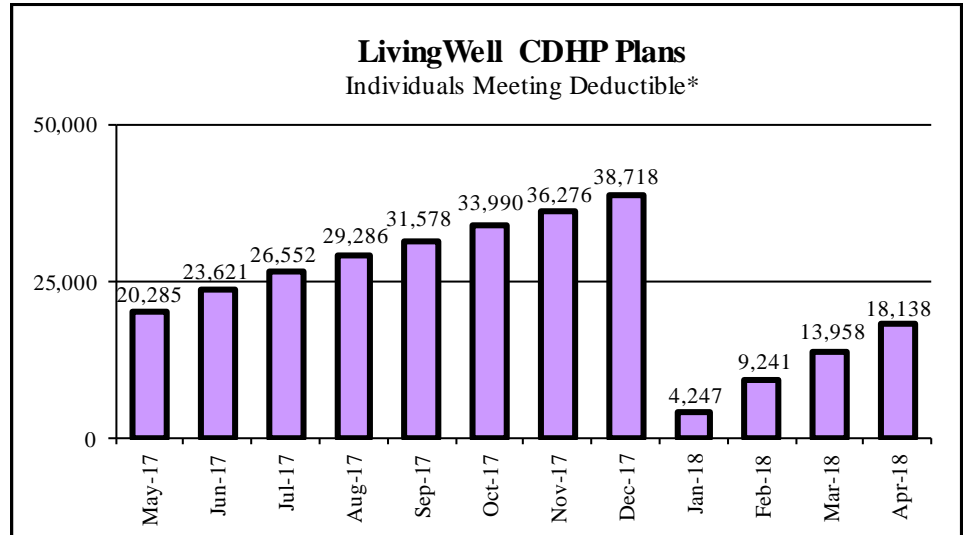
\* 2017 and 2018 Family Deductible is \$3,500

## Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

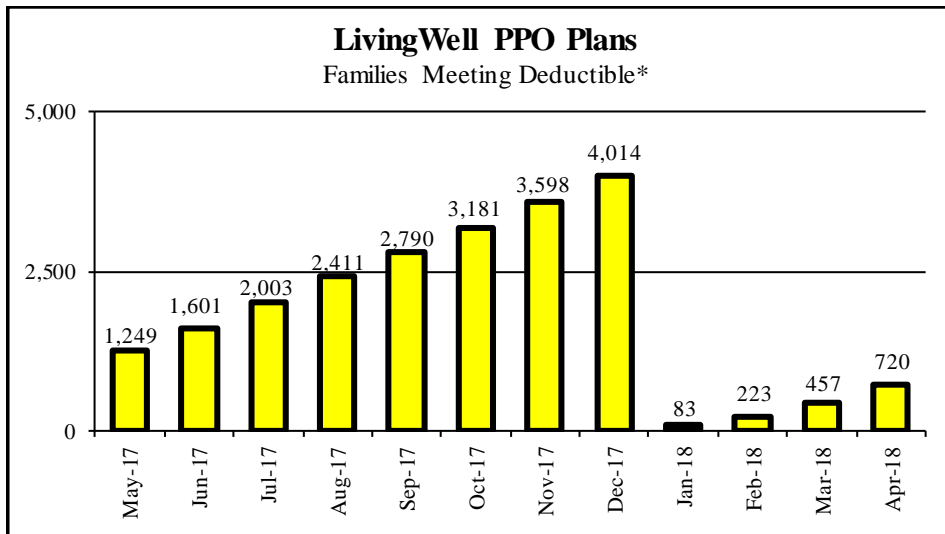
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



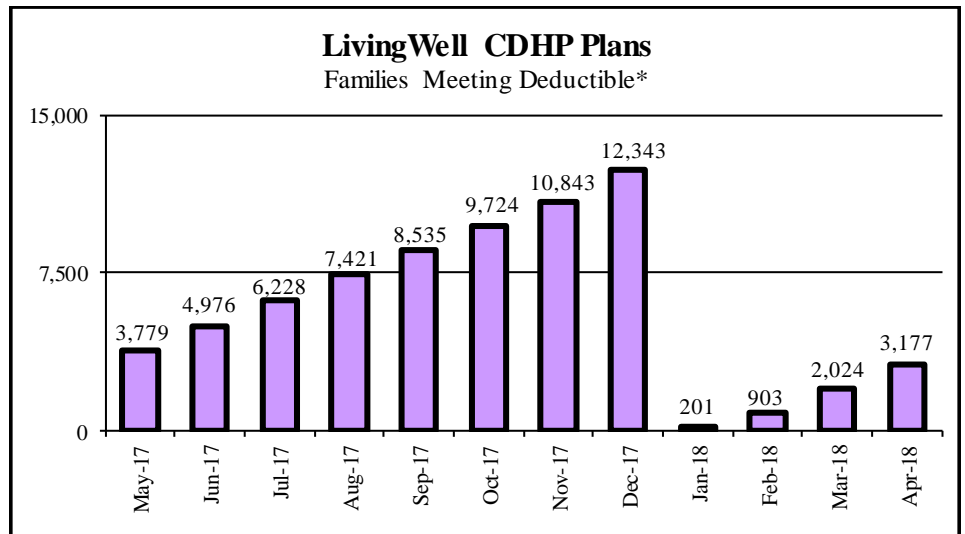
\*2017 and 2018 Individual Deductible is \$750



\* 2017 and 2018 Individual Deductible is \$1,250



\* 2017 and 2018 Family Deductible is \$1,500

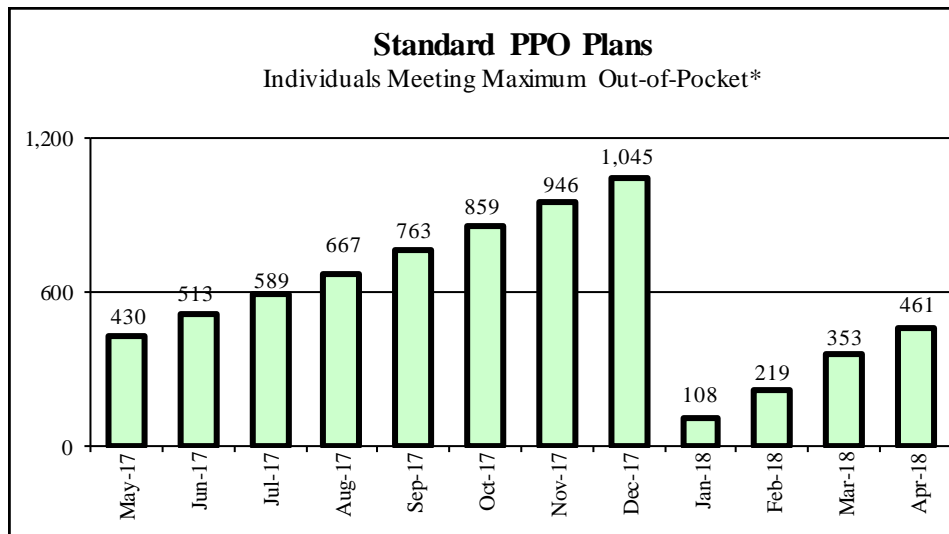


\* 2017 and 2018 Family Deductible is \$2,500

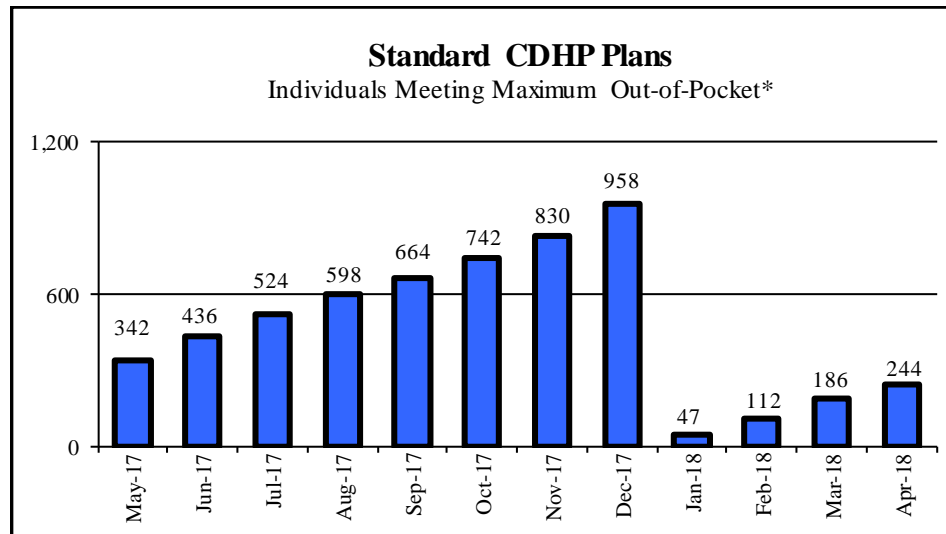


## Analysis of Individuals and Families Meeting Their Maximum Out-of-Pocket Expenses

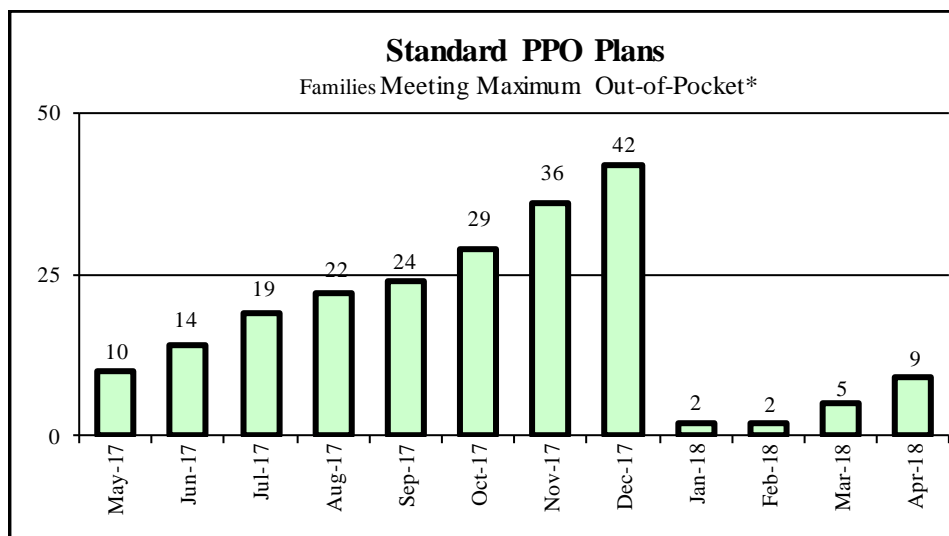
The following details the number of individuals and families by Health Plan that met their maximum out-of-pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



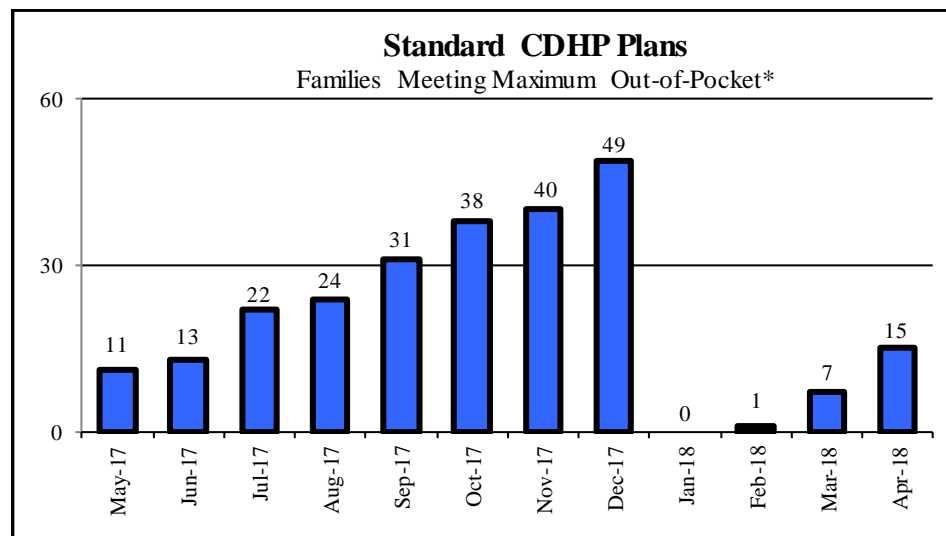
\* 2017 and 2018 Individual Maximum Out of Pocket is \$3,750



\* 2017 and 2018 Individual Maximum Out of Pocket is \$3,750



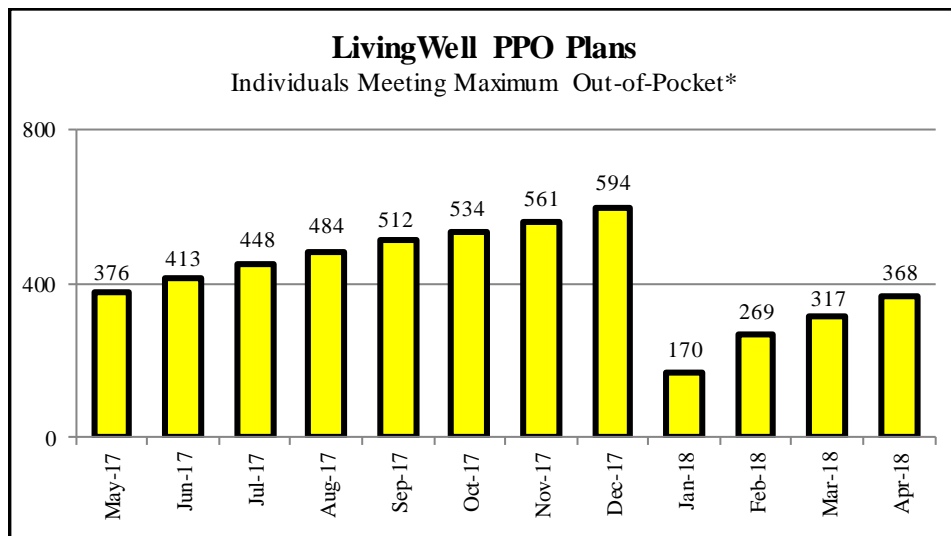
\* 2017 and 2018 Family Maximum Out of Pocket is \$7,500



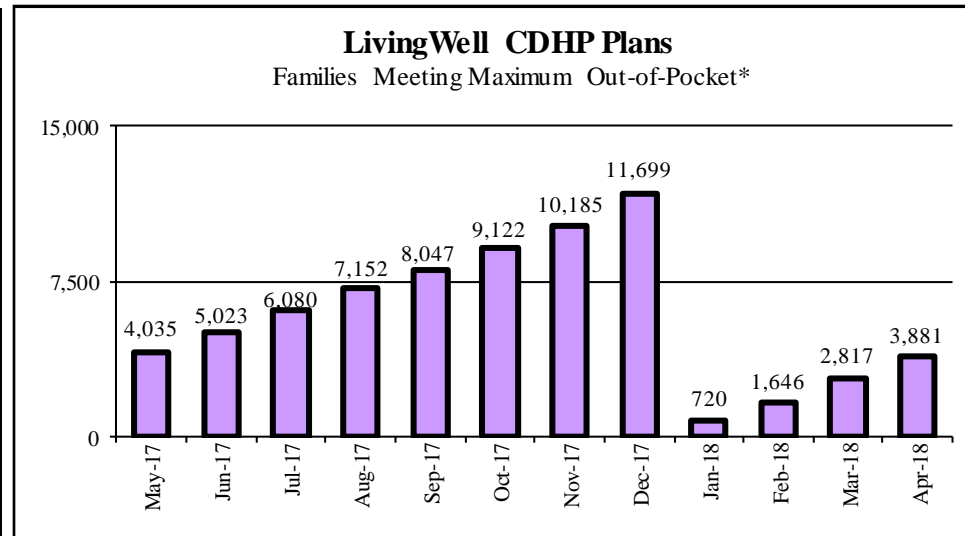
\* 2017 and 2018 Family Maximum Out of Pocket is \$7,500

## **Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses** *(continued)*

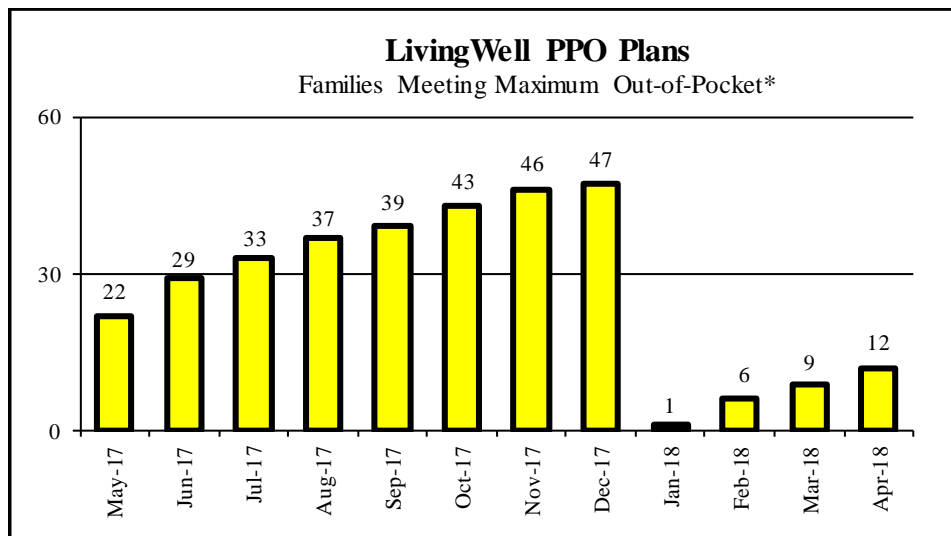
The following details the number of individuals and families by Health Plan that met their maximum out of pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



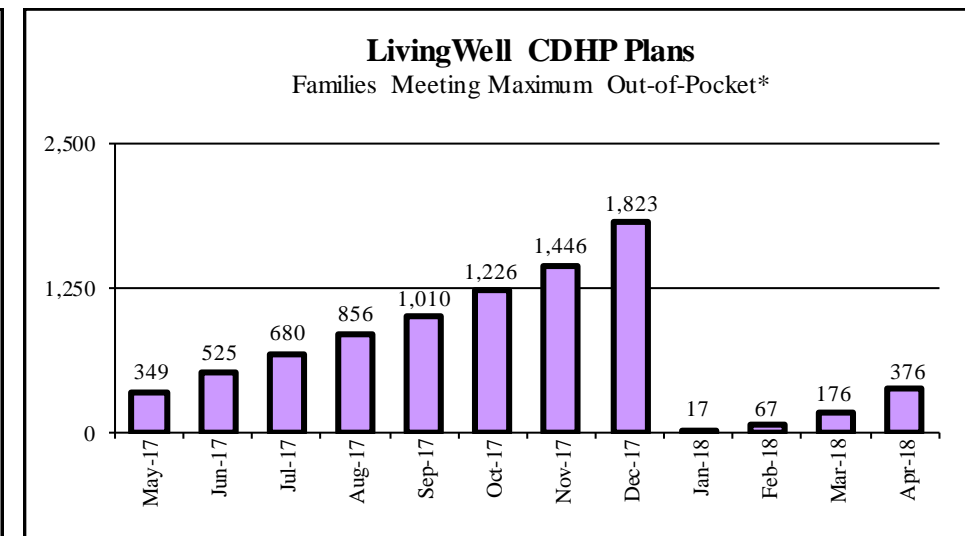
\* 2017 and 2018 Individual Maximum Out of Pocket is \$2,750



\* 2017 and 2018 Individual Maximum Out of Pocket is \$2,750



\* 2017 and 2018 Family Maximum Out of Pocket is \$5,500



\* 2017 and 2018 Family Maximum Out of Pocket is \$5,500

## **Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses**

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2018 This report is based on Incurred Medical and Pharmacy claims.

<b>Individuals and Families in Standard PPO (2014—Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting Deductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting Deductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	Standard PPO	\$750	<b>34.91%</b>	\$3,500	<b>6.82%</b>	\$1,500	<b>10.68%</b>	\$7,000	<b>0.82%</b>
2015	Standard PPO	\$750	<b>33.28%</b>	\$3,500	<b>5.31%</b>	\$1,500	<b>9.53%</b>	\$7,000	<b>0.30%</b>
2016	Standard PPO	\$750	<b>34.21%</b>	\$3,500	<b>5.85%</b>	\$1,500	<b>10.07%</b>	\$7,000	<b>0.39%</b>
2017	Standard PPO	\$750	<b>34.93%</b>	\$3,750	<b>5.85%</b>	\$1,500	<b>7.05%</b>	\$7,500	<b>0.28%</b>
2018	Standard PPO	\$750	<b>15.19%</b>	\$3,750	<b>1.91%</b>	\$1,500	<b>1.87%</b>	\$7,500	<b>0.05%</b>

<b>Individuals and Families in Standard CDHP (2014—Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	Standard CDHP	\$1,750	<b>20.45%</b>	\$3,500	<b>7.38%</b>	\$3,500	<b>2.41%</b>	\$7,000	<b>0.47%</b>
2015	Standard CDHP	\$1,750	<b>18.67%</b>	\$3,500	<b>6.90%</b>	\$3,500	<b>1.88%</b>	\$7,000	<b>0.34%</b>
2016	Standard CDHP	\$1,750	<b>19.69%</b>	\$3,500	<b>7.96%</b>	\$3,500	<b>2.17%</b>	\$7,000	<b>0.47%</b>
2017	Standard CDHP	\$1,750	<b>16.91%</b>	\$3,750	<b>6.37%</b>	\$3,500	<b>2.36%</b>	\$7,500	<b>0.41%</b>
2018	Standard CDHP	\$1,750	<b>5.66%</b>	\$3,750	<b>1.85%</b>	\$3,501	<b>0.44%</b>	\$7,501	<b>0.17%</b>

## Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket

### Expenses *(continued)*

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2018. This report is based on Incurred Medical and Pharmacy claims.

Individuals and Families in LivingWell PPO (2014—Present )									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting De-deductible	MOOP	Meeting MOOP	Deductible	Meeting De-deductible	MOOP	Meeting MOOP
2014	LivingWell PPO	\$500	11.85%	\$2,500	3.74%	\$1,000	4.70%	\$3,000	0.49%
2015	LivingWell PPO	\$500	34.97%	\$2,500	0.69%	\$1,000	7.88%	\$5,000	0.16%
2016	LivingWell PPO	\$500	35.87%	\$2,500	0.65%	\$1,000	7.87%	\$5,000	0.13%
2017	LivingWell PPO	\$750	31.95%	\$2,750	0.64%	\$1,500	6.35%	\$5,500	0.07%
2018	LivingWell PPO	\$750	14.20%	\$2,751	0.44%	\$1,501	1.33%	\$5,501	0.02%

Individuals and Families in LivingWell CDHP (2014— Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting De-deductible	MOOP	Meeting MOOP	Deductible	Meeting De-deductible	MOOP	Meeting MOOP
2014	LivingWell CDHP	\$1,250	29.04%	\$2,500	8.89%	\$2,500	17.39%	\$5,000	2.24%
2015	LivingWell CDHP	\$1,250	29.30%	\$2,500	8.61%	\$2,500	17.55%	\$5,000	1.89%
2016	LivingWell CDHP	\$1,250	28.69%	\$2,500	9.17%	\$2,500	17.90%	\$5,000	2.35%
2017	LivingWell CDHP	\$1,250	28.20%	\$2,750	8.52%	\$2,500	17.53%	\$5,500	2.59%
2018	LivingWell CDHP	\$1,250	12.51%	\$2,750	2.68%	\$2,500	4.59%	\$5,500	0.54%

## **Premium**

The following details the amount of premium\* paid by the employee and employer for 2014-2017 and monthly through 2018.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2014	\$265,431,508	\$1,348,631,926	\$1,614,063,434
2015	\$256,371,746	\$1,362,686,924	\$1,619,058,670
2016	\$254,661,768	\$1,380,830,820	\$1,635,492,588
2017	\$255,169,294	\$1,374,862,647	\$1,630,031,942
Jan 2018	\$22,239,007	\$116,763,974	\$139,002,981
Feb 2018	\$22,120,908	\$116,327,869	\$138,448,777
Mar 2018	\$22,131,853	\$116,396,116	\$138,527,969
Apr 2018	\$22,118,232	\$116,236,042	\$138,354,274
May 2018	\$22,099,949	\$116,102,653	\$138,202,602
Jun 2018	\$22,050,330	\$115,795,144	\$137,845,474
Jul 2018	\$21,972,612	\$115,192,956	\$137,165,569

*\*Premium is based on enrollment using published premium rates—it is NOT based on actual payments received.*

## **Prescription Drug Utilization** *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency percentage for the most recent rolling year. Based on Paid Pharmacy Claims.

<b>Time Period: Paid Month</b>	<b>Generic</b>	<b>Brand Name, Generic Available</b>	<b>Brand Name</b>	<b>Other*</b>	<b>Total</b>	<b>Scripts Rx % Generic</b>	<b>Scripts Generic Efficiency Rx**</b>
Aug 2017	324,940	9,014	35,553	11,662	381,169	85.25%	97.30%
Sep 2017	314,827	13,818	37,998	9,150	375,793	83.78%	95.80%
Oct 2017	329,095	17,227	43,166	9,605	399,093	82.46%	95.03%
Nov 2017	333,031	10,862	38,317	9,790	392,000	84.96%	96.84%
Dec 2017	356,050	9,866	39,304	9,518	414,738	85.85%	97.30%
Jan 2018	340,570	9,103	34,883	9,152	393,708	86.50%	97.40%
Feb 2018	312,187	6,332	30,986	9,318	358,823	87.00%	98.01%
Mar 2018	339,067	6,841	35,007	9,402	390,317	86.87%	98.02%
Apr 2018	314,680	6,347	36,884	10,139	368,050	85.50%	98.02%
May 2018	326,602	6,321	42,202	10,318	385,443	84.73%	98.10%
Jun 2018	308,393	6,182	36,834	9,360	360,769	85.48%	98.03%
Jul 2018	308,837	6,325	36,584	10,359	362,105	85.29%	97.99%

*\*Other category includes: Over-the-Counter (usually items such as diabetic supplies, syringes, and test strips, etc.) and claims that were unable to be tagged to a specific group.*

*\*\*Generic Efficiency Rate means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.*

**Prescription Drug Utilization** *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Pharmacy Claims.

<b>Time Period</b>	<b>Members</b>	<b>Patients</b>	<b>Scripts</b>	<b>Scripts Per Member</b>	<b>Scripts Per Patient</b>	<b>Allow Amt* Per Script</b>	<b>Net Pay Per Script</b>	<b>Member Cost Per Script**</b>	<b>Patient Cost Per Script***</b>
May 2017	263,511	154,558	386,649	1.47	2.99	\$100.24	\$88.65	\$16.85	\$28.72
Jun 2017	263,072	153,555	370,217	1.41	2.94	\$104.18	\$92.98	\$15.57	\$26.67
Jul 2017	262,229	152,330	359,492	1.37	2.91	\$103.79	\$93.25	\$14.25	\$24.54
Aug 2017	261,495	155,371	380,756	1.46	2.99	\$102.33	\$92.17	\$14.61	\$24.59
Sep 2017	260,408	154,160	374,946	1.44	2.92	\$98.12	\$88.77	\$13.27	\$22.42
Oct 2017	263,913	165,937	398,998	1.51	2.98	\$98.00	\$89.09	\$13.30	\$21.16
Nov 2017	264,289	160,759	391,919	1.48	2.95	\$97.28	\$88.61	\$12.70	\$20.88
Dec 2017	264,340	160,904	415,590	1.57	3.05	\$97.64	\$89.04	\$13.34	\$21.91
Jan 2018	266,817	161,140	392,615	1.47	2.93	\$100.15	\$81.24	\$27.11	\$44.90
Feb 2018	265,925	158,174	359,672	1.35	2.76	\$96.52	\$80.09	\$21.65	\$36.40
Mar 2018	266,244	159,141	391,615	1.47	2.95	\$100.83	\$86.36	\$20.47	\$34.25
Apr 2018	266,003	155,479	367,683	1.38	2.87	\$106.00	\$92.70	\$17.88	\$30.59

*\*\*"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

*\*\*\*"Member Cost per Script" is the average net amount paid per prescription filled per member (Net Pay Rx/Members)*

*\*\*\*\*"Patient Cost per Script" is the average net amount paid per prescription filled per Patients (Net Pay Rx/Patients)*

## **Prescription Drug Utilization** *(continued)*

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from Jan-Apr 2018.

<b>Prev Rank</b>	<b>Curr Rank</b>	<b>Product Name</b>	<b>Brand/Generic</b>	<b>Therapeutic Class General</b>	<b>Net Pay Rx</b>	<b>Net Pay Rx as % of All Drugs</b>	<b>Scripts Rx</b>	<b>Net Pay Per Day Supply Rx</b>	<b>Patients Rx</b>
1	1	HUMIRA	Single source brand	Immunosuppressants	\$10,443,405.32	8.12%	1,437	\$180.16	586
2	2	ENBREL	Single source brand	Immunosuppressants	\$4,533,540.16	3.53%	604	\$166.74	291
3	3	STELARA	Single source brand	Immunosuppressants	\$3,567,684.74	2.77%	231	\$213.40	161
4	4	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$2,874,310.58	2.23%	5,263	\$13.78	2,102
5	5	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$2,565,221.47	1.99%	4,863	\$12.67	2,020
6	6	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$2,494,600.71	1.94%	2,922	\$22.37	1,223
7	7	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$2,483,951.22	1.93%	3,227	\$22.76	1,165
8	8	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$2,378,352.98	1.85%	2,766	\$21.94	1,409
9	9	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$2,222,910.76	1.73%	2,293	\$24.19	1,036
12	10	GILENYA	Single source brand	Misc Therapeutic Agents	\$2,001,310.53	1.56%	140	\$245.26	74
10	11	TRESIBA	Single source brand	Hormones & Synthetic Subst	\$1,990,803.83	1.55%	2,515	\$19.62	1,140
11	12	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$1,779,103.88	1.38%	175	\$227.22	72
13	13	HUMATROPE	Multisource brand, no generic	Hormones & Synthetic Subst	\$1,655,420.36	1.29%	145	\$208.52	78
14	14	SAXENDA	Single source brand	Hormones & Synthetic Subst	\$1,505,992.67	1.17%	1,337	\$34.89	644
15	15	COPAXONE	Multisource brand, generic	Misc Therapeutic Agents	\$1,307,659.69	1.02%	136	\$190.34	68
18	16	XOLAIR	Single source brand	Immunosuppressants	\$1,224,738.23	0.95%	369	\$98.32	146
16	17	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	\$1,193,081.37	0.93%	1,831	\$16.19	829
19	18	DUEXIS	Single source brand	Central Nervous System	\$1,189,664.30	0.93%	628	\$63.37	308
20	19	LYRICA	Single source brand	Central Nervous System	\$1,085,934.84	0.84%	2,399	\$14.07	934
21	20	ONE TOUCH ULTRA	Other/unavailable	Diagnostic Agents	\$1,004,232.25	0.78%	7,378	\$3.37	4,106
22	21	XARELTO	Single source brand	Blood Form/Coagul Agents	\$971,405.21	0.76%	2,238	\$12.20	866
-	22	COSENTYX	Single source brand	Immunosuppressants	\$903,087.79	0.70%	138	\$188.77	58
24	23	KALYDECO	Single source brand	Respiratory Tract Agents	\$901,601.84	0.70%	39	\$825.64	12
17	24	OSELTAMIVIR PHOSPHATE	Multisource generic	Anti-Infective Agents	\$890,190.09	0.69%	14,861	\$9.88	15,212
-	25	ELIQUIS	Single source brand	Blood Form/Coagul Agents	\$879,025.76	0.68%	2,014	\$12.11	807

\*"Product Name" includes all strengths/formulations of a drug.



**Prescription Drug Utilization** *(continued)*

In summary, the top 25 drugs represent 3.97% of total scripts and 42.02% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$54,047,231	59,949	1,837,703
All Product Names	\$128,610,261	1,511,585	50,529,790
Top Drugs as Pct of All Drugs	42.02%	3.97%	3.64%

## Utilization

The top 25 clinical conditions based on Incurred Medical Claims for Jan-Apr 2018.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$23,070,249	\$241,561	\$22,800,932	0.00	0.00	937.53	0.37	75,850	\$304.16
2	2	Osteoarthritis	\$11,917,870	\$7,156,132	\$4,749,152	2.75	1.62	129.48	0.21	7,638	\$1,560.34
3	3	Chemotherapy Encounters	\$10,948,460	\$1,708,099	\$9,240,361	0.32	4.68	1.72	0.00	427	\$25,640.42
4	4	Coronary Artery Disease	\$10,667,588	\$6,694,723	\$3,946,486	1.87	3.80	29.24	2.22	2,576	\$4,141.14
5	5	Signs/Symptoms/Oth Cond, NEC	\$8,833,346	\$1,210,636	\$7,453,418	0.64	6.35	462.78	9.26	42,075	\$209.94
6	6	Pregnancy without Delivery	\$8,391,965	\$6,610,002	\$1,781,413	0.55	2.37	87.23	5.59	3,239	\$2,590.91
8	7	Spinal/Back Disord, Low Back	\$7,627,550	\$3,349,427	\$4,274,934	0.77	2.91	526.14	3.46	15,380	\$495.94
7	8	Gastroint Disord, NEC	\$7,482,465	\$2,080,915	\$5,398,046	1.22	3.53	140.14	15.67	13,585	\$550.79
9	9	Respiratory Disord, NEC	\$7,037,713	\$2,464,576	\$4,540,530	0.47	5.00	86.59	9.85	10,346	\$680.24
12	10	Arthropathies/Joint Disord NEC	\$6,395,110	\$502,573	\$5,858,056	0.19	4.82	527.77	5.01	22,133	\$288.94
11	11	Infections, NEC	\$6,247,454	\$5,829,421	\$410,634	0.12	7.09	70.01	2.15	7,212	\$866.26
10	12	Condition Rel to Tx - Med/Surg	\$6,165,827	\$4,399,269	\$1,765,733	1.36	4.98	5.55	1.28	1,634	\$3,773.46
13	13	Newborns, w/wo Complication	\$5,587,440	\$5,482,947	\$104,492	9.98	2.98	9.01	0.12	1,124	\$4,971.03
14	14	Cancer - Breast	\$5,167,990	\$257,452	\$4,880,317	0.16	2.43	24.81	0.06	1,331	\$3,882.79
15	15	Cardiac Arrhythmias	\$4,988,997	\$1,299,468	\$3,689,057	0.59	3.12	32.91	1.88	2,867	\$1,740.15
18	16	Diabetes	\$4,460,698	\$1,009,032	\$3,437,591	1.70	5.10	232.26	1.58	16,376	\$272.39
16	17	Cerebrovascular Disease	\$4,436,238	\$3,441,003	\$974,951	1.30	7.13	8.55	1.32	827	\$5,364.25
20	18	Spinal/Back Disord, Ex Low	\$4,292,306	\$1,282,805	\$2,995,406	0.39	5.23	485.61	2.26	12,814	\$334.97
19	19	Renal Function Failure	\$4,287,061	\$973,716	\$3,311,759	0.19	4.82	13.93	0.51	1,443	\$2,970.94
17	20	Cardiovasc Disord, NEC	\$4,093,565	\$681,211	\$3,393,084	0.35	4.16	67.58	8.33	7,296	\$561.07
21	21	Cholecystitis/Cholelithiasis	\$3,793,921	\$953,026	\$2,837,926	0.66	3.46	4.11	1.46	705	\$5,381.45
22	22	Urinary Tract Calculus	\$3,332,832	\$282,003	\$3,050,829	0.45	2.23	17.80	5.31	1,624	\$2,052.24
23	23	Infections - ENT Ex Otitis Med	\$3,162,135	\$73,199	\$3,087,961	0.09	2.63	646.29	5.61	46,961	\$67.34
-	24	Hypertension, Essential	\$3,114,895	\$1,592,242	\$1,513,200	0.89	4.96	258.66	3.08	21,759	\$143.15
24	25	Crohns Disease	\$2,948,335	\$490,463	\$2,457,798	0.30	4.22	6.48	0.18	484	\$6,091.60

NOTE: Medical payments represent only the payments made for the specified condition.

**Utilization** *(continued)*

In Summary, the top clinical conditions represent more than 57.62% of total Paid Medical Claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$168,452,008	\$60,065,901	\$107,954,066	27.32	3.98	4,812.20	86.78
All Clinical Conditions	\$292,335,567	\$101,479,481	\$189,871,183	61.81	4.24	8,931.72	184.01
Top Clinical Conditions as Pct of All Clinical Conditions	57.62%	59.19%	56.86%	44.20%	93.95%	53.88%	47.16%

## **Claims Lag Analysis**

The following claims lag information is based on Incurred Medical Claims from Jan-Apr 2018.

<b>Plan</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
LivingWell CDHP	1,377,295	16	92.05%	97.74%	99.09%
LivingWell PPO	1,014,224	16	92.22%	97.78%	99.08%
Standard CDHP	75,721	17	90.49%	97.14%	98.79%
Standard PPO	211,233	18	90.15%	96.95%	98.70%
Missing	7,452	21	85.78%	97.31%	98.78%
All Plans	2,685,925	15	91.90%	97.68%	99.05%

*\*Missing means the claims could not be tagged to a specific plan.*

### **Claims Lag Analysis** *(continued)*

The following claims lag information is based on all claims (**Medical and Pharmacy**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018
May 2017	\$2,688,253.37	\$1,182,593.01	\$608,513.38	\$156,757.73	\$101,094.84	\$144,059.63
Jun 2017	\$7,440,565.70	\$2,634,672.48	\$1,321,418.29	\$380,430.59	\$549,728.47	\$242,600.60
Jul 2017	\$40,504,915.78	\$8,676,456.19	\$2,478,226.54	\$817,425.82	\$398,427.60	\$165,040.32
Aug 2017	\$64,753,367.07	\$46,667,962.43	\$7,432,040.37	\$1,981,019.14	\$1,119,135.98	\$347,787.83
Sep 2017	\$10,026.33	\$62,558,074.57	\$38,256,676.42	\$7,560,023.04	\$4,518,992.91	\$1,067,408.15
Oct 2017	\$0.00	\$8,546.13	\$65,034,013.86	\$42,368,190.70	\$14,061,328.02	\$2,084,186.08
Nov 2017	\$0.00	\$0.00	\$8,702.67	\$58,299,375.04	\$53,011,220.00	\$7,353,080.29
Dec 2017	\$0.00	\$0.00	\$0.00	\$9,026.71	\$77,049,171.50	\$48,617,499.96
Jan 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$2,059.27	\$49,321,666.73
Feb 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,801.59
Mar 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Apr 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018
May 2017	\$88,392.40	\$27,927.20	\$233,579.47	(\$32,875.37)	\$21,174.44	(\$43,047.45)
Jun 2017	\$24,851.67	\$237,972.18	\$18,787.46	\$141,604.26	\$46,003.78	(\$18,804.45)
Jul 2017	\$231,571.51	\$120,397.13	(\$50,831.92)	\$122,650.47	\$16,804.60	(\$22,650.28)
Aug 2017	\$148,691.18	\$364,140.51	\$443,982.32	\$270,121.69	\$8,396.40	(\$25,075.07)
Sep 2017	\$510,909.67	\$699,291.60	\$107,116.23	\$95,194.77	\$364,937.68	\$184,596.25
Oct 2017	\$1,444,846.81	\$689,207.87	\$405,994.88	\$147,822.86	\$281,365.98	(\$3,399.74)
Nov 2017	\$2,349,427.80	\$1,948,185.07	\$707,191.43	\$168,120.94	\$597,491.44	(\$36,363.14)
Dec 2017	\$9,098,468.86	\$3,392,830.97	\$1,431,483.33	\$712,599.32	\$417,914.88	\$353,173.01
Jan 2018	\$33,974,203.70	\$10,244,780.91	\$2,476,174.39	\$1,754,680.42	\$583,982.25	\$225,963.27
Feb 2018	\$48,322,636.63	\$37,697,032.04	\$7,781,692.01	\$2,150,956.48	\$1,347,890.23	\$1,783,482.19
Mar 2018	\$11,818.99	\$64,737,492.41	\$33,772,589.45	\$9,119,604.78	\$1,764,811.24	\$979,019.49
Apr 2018	\$0.00	\$5,873.30	\$62,470,882.27	\$38,232,230.87	\$9,337,453.69	\$2,843,049.21

## Claims Distribution Based on Age/Gender

The following is based on Incurred Medical and Pharmacy Claims from Jan-Apr 2018.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,211	\$4,966,273.04	\$4,100.97	1,228	\$4,698,327.86	\$3,827.56
Ages 1-4	5,247	\$2,951,760.35	\$562.53	5,519	\$3,197,796.66	\$579.44
Ages 5-9	7,720	\$3,312,947.86	\$429.12	8,166	\$3,829,006.22	\$468.88
Ages 10-14	9,301	\$4,680,409.27	\$503.22	9,636	\$6,568,393.30	\$681.65
Ages 15-17	5,816	\$5,773,351.16	\$992.67	6,102	\$5,134,417.58	\$841.47
Ages 18-19	4,064	\$3,304,299.73	\$813.17	4,109	\$4,567,590.63	\$1,111.67
Ages 20-24	9,706	\$9,003,865.14	\$927.64	9,225	\$5,555,037.95	\$602.20
Ages 25-29	8,396	\$9,611,462.35	\$1,144.73	5,095	\$3,144,074.27	\$617.12
Ages 30-34	9,308	\$12,189,056.62	\$1,309.49	5,316	\$3,746,643.92	\$704.79
Ages 35-39	11,388	\$14,689,958.12	\$1,289.95	6,605	\$5,864,507.14	\$887.96
Ages 40-44	12,291	\$19,201,690.01	\$1,562.22	7,411	\$10,133,000.06	\$1,367.38
Ages 45-49	14,635	\$23,741,296.84	\$1,622.23	8,887	\$14,020,330.40	\$1,577.58
Ages 50-54	15,151	\$31,826,486.15	\$2,100.58	9,918	\$21,146,913.51	\$2,132.18
Ages 55-59	17,519	\$43,766,589.20	\$2,498.24	10,521	\$26,656,119.63	\$2,533.73
Ages 60-64	19,735	\$57,917,054.58	\$2,934.81	12,105	\$38,513,570.26	\$3,181.76
Ages 65-74	2,516	\$7,514,170.57	\$2,986.55	2,059	\$7,935,797.93	\$3,854.67
Ages 75-84	163	\$624,366.52	\$3,824.60	169	\$1,104,203.93	\$6,533.75
Ages 85+	6	\$19,109.68	\$3,323.42	6	\$35,949.37	\$5,991.56
<b>Total</b>	<b>154,174</b>	<b>\$255,094,147.19</b>	<b>\$1,654.59</b>	<b>112,073</b>	<b>\$165,851,680.62</b>	<b>\$1,479.85</b>

### **Allowed Amount Distribution by Member Count**

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2014—2017 and year to date for 2018.

<b>Allowed Amount</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
less than 0.00	22	4	2	1	2
\$0.00 - \$499.99	66,180	72,760	72,613	71,235	115,136
\$500.00 - \$999.99	39,137	39,862	40,978	41,534	35,767
\$1,000.00 - \$1,999.99	43,065	41,247	40,956	42,048	27,466
\$2,000.00 - \$4,999.99	51,911	49,217	48,707	49,613	24,563
\$5,000.00 - \$9,999.99	29,515	26,834	27,284	26,726	9,767
\$10,000.00 - \$14,999.99	12,825	11,369	11,648	12,084	3,857
\$15,000.00 - \$19,999.99	6,755	5,605	6,155	6,380	2,003
\$20,000.00 - \$29,999.99	6,374	5,612	5,901	6,215	2,136
\$30,000.00 - \$49,999.99	5,272	4,475	4,845	5,064	1,546
\$50,000.00 - \$74,999.99	2,520	2,225	2,341	2,690	638
\$75,000.00 - \$99,999.99	1,037	944	1,119	1,190	257
\$100,000.00 - \$149,999.99	846	777	884	962	210
\$150,000.00 - \$199,999.99	344	320	332	373	67
\$200,000.00 - \$249,999.99	179	148	171	170	29
over \$249,999.99	326	231	253	284	39
<b>Total</b>	<b>266,308</b>	<b>261,630</b>	<b>264,189</b>	<b>266,569</b>	<b>223,483</b>

## **Summary of Enrollment and Claims**

The following provides a summary of members, Incurred Medical Claims and Incurred Pharmacy Claims for the most recent rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Net Pay Med and Rx</b>	<b>Net Pay Med</b>	<b>Net Pay Rx</b>	<b>Claims Paid</b>	<b>Claims Paid Med</b>	<b>Scripts Rx</b>
May 2017	263,511	\$113,885,324.61	\$79,609,668.35	\$34,275,656.26	677,452	283,057	386,649
Jun 2017	263,072	\$122,069,923.34	\$87,645,326.36	\$34,424,596.98	671,533	293,601	370,217
Jul 2017	262,229	\$117,700,236.36	\$84,176,240.36	\$33,523,996.00	645,530	278,504	359,492
Aug 2017	261,495	\$123,536,980.55	\$88,443,338.72	\$35,093,641.83	684,684	296,305	380,756
Sep 2017	260,408	\$115,933,247.62	\$82,649,442.43	\$33,283,805.19	653,182	271,118	374,946
Oct 2017	263,913	\$126,522,103.45	\$90,976,834.96	\$35,545,268.49	719,127	312,894	398,998
Nov 2017	264,289	\$124,406,431.54	\$89,679,215.60	\$34,727,215.94	701,146	301,809	391,919
Jan 2018	266,817	\$98,583,510.94	\$66,686,333.64	\$31,897,177.30	692,696	291,816	392,615
Dec 2017	264,340	\$141,082,168.54	\$104,079,378.15	\$37,002,790.39	724,253	301,732	415,590
Feb 2018	265,925	\$99,087,491.17	\$70,280,004.22	\$28,807,486.95	650,897	283,670	359,672
Mar 2018	266,244	\$110,385,336.36	\$76,565,185.02	\$33,820,151.34	695,354	296,682	391,615
Apr 2018	266,003	\$112,889,489.34	\$78,804,044.43	\$34,085,444.91	657,007	281,797	367,683

*NOTE: Includes run out data from all Carriers*

The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Total Medical and Rx Claims</b>	<b>Total Medical Claims</b>	<b>Total Rx Claims</b>
May 2017 - Apr 2018	264,021	\$1,415,048,421	\$1,008,308,764	\$406,739,657
May 2016 - Apr 2017	262,085	\$1,343,635,189	\$963,738,483	\$379,896,706
% Change (Roll Yrs)	0.74%	5.31%	4.62%	7.07%



## **Appendix A**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. Truven warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2016, Advantage Suite processed enrollment information for a total of 262,032 members as well as 7,988,668 claims (3,350,167 Medical claims and 4,553,510 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

## **Appendix B—Definitions**

- ***Allowed Amount*** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- ***Carrier*** refers to claims listed by carrier. (Please note that CVS data is designated as Anthem).
- ***Days Supply*** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- ***Employee*** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-Reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the Cross-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a “member”.
- ***Generic Efficiency*** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- ***Group*** is Kentucky Retirement System (KRS), Kentucky Teachers’ Retirement System (TRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, and Quasi/Local Governments).
- ***Incurred Claims*** refer to paid amounts for claims that were incurred in a specified timeframe.
- ***IP*** refers inpatient procedures and/or claims.
- ***LOS*** refers to length of stay of an acute admission.
- ***Mail Order*** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- ***Member*** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- ***Member Cost per Script*** is the average net amount paid per prescription filled per member (Net Pay Rx/Members).
- ***Net Payment*** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- ***OOP*** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- ***OP*** refers to outpatient procedures and/or claims.
- ***OP Rad*** refers to outpatient radiology claims an/or patients.

## **Appendix B—Definitions** *(continued)*

- ***Paid Claims*** specify the paid amount for claims regardless of when the claims may have been incurred.
- ***Patient Cost per Script*** is the average net amount paid per prescription filled per patient (Net Pay Rx/Patients).
- ***Patients*** is the unique count of members who received facility, professional, or pharmacy services.
- ***Plan*** is CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Standard PPO, Standard CDHP, LivingWell PPO and LivingWell CDHP.
- ***Rcnt SGovt*** refers to recent State Government benchmarks.
- ***Rcnt US*** refers to recent US national benchmarks.
- ***Retail*** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.